

PRINTED: 05/12/2016  
 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL034009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/03/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHULER HEALTH CARE/CRANE VILLA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>250 PITT STREET                  KERNERSVILLE, NC 27284</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments  Report of a Follow-Up Construction Survey by Ed Miller on May 3, 2016.  The following deficiencies cited during the Follow-Up Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction.	{C 000}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, some building components were not maintained in clean, repaired condition.  Findings on May 3, 2016: a) The following areas still had HVAC return vents and their associated radiation dampers covered with dust and dirt, which could interfere with the damper activating properly in a fire emergency. Kitchen	{C 164}		
{C 189}	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	{C 189}		

*This one was missed  
 Now clean. 5-7-16*

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Dr. B. Shuler*

*Admin.*

*5-23-17*

Division of Health Service Regulation

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{C 189}	<p>Continued From page 1</p> <p><b>REQUIREMENTS</b></p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin.</p> <p>Findings on May 3, 2016:                      New Citation                      d) Laundry had an approximately 2 inch diameter cable bundle penetration through the ceiling that had the annular space sealed with orange foam and the surface smeared with "fire barrier sealant"(cp25wb+). This is not in accordance with an approved UL listed assembly such as where the annular space is sealed with an intumescent fire barrier sealant.</p>	{C 189}	<p><i>This area has been re-done with approved materials. Old was removed and replaced with fire barrier (cp25wb+)</i></p> <p><i>5-7-16</i></p>		